



# Welcome!

**Delta Dental of Michigan**

(800) 524-0149 • [www.deltadentalmi.com](http://www.deltadentalmi.com)





Welcome to Delta Dental. We are pleased to provide your dental benefits coverage and we look forward to serving you.

Delta Dental provides the advantages of two of the nation's largest networks of participating dentists—our Delta Dental PPO<sup>SM</sup> network and our Delta Dental Premier<sup>®</sup> network.

This packet includes general information about what you can expect as a Delta Dental member. It also contains resources to help you understand coverage and learn how to use your benefits. (Please see your Summary of Dental Plan Benefits to review your specific plan details.) In addition, our website ([www.deltadentalmi.com](http://www.deltadentalmi.com)) is an online resource for locating participating dentists, accessing your plan details, managing your account and finding oral health information.

If you have questions about your new dental program, please feel free to call our Customer Service department at (800) 524-0149. Our automated inquiry system is available 24/7 and can answer most questions. Customer Service representatives are available for more complicated questions Monday through Friday from 8:30 a.m. to 8 p.m. Eastern Time.

We do dental. *Better.*



## Definitions

|  |  |
|--|--|
| <b>Certificate</b>                           | A standard booklet provided by Delta Dental to subscribers explaining their dental benefit coverage.   |
| <b>Copayment</b>                             | As provided by your plan, the percentage of the charge, if any, that you will have to pay for covered services.  |
| <b>Covered Services</b>                      | The unique benefits selected in your plan detailed in the Summary of Dental Plan Benefits and Certificate.   |
| <b>Summary of Dental Plan Benefits</b>       | A description of the specific provisions of your group dental plan.  |
| <b>Deductible</b>                            | Amount a person and/or family must pay toward Covered Services before Delta Dental begins paying for services.   |
| <b>Maximum Payment</b>                       | The maximum dollar amount Delta Dental will pay in any benefit year or lifetime for covered dental services.   |
| <b>Delta Dental PPO Dentist Fee Schedule</b> | The maximum amount allowed per procedure for services rendered by a Delta Dental PPO dentist as determined by that dentist's local Delta Dental plan.                                    |
| <b>Maximum Approved Fee</b>                  | A system used by Delta Dental to determine the approved fee for a procedure rendered by a Delta Dental Premier dentist.  |
| <b>Nonparticipating Dentist Fee</b>          | The maximum fee allowed per procedure for services rendered by a nonparticipating dentist.   |
| <b>Balance Billing</b>                       | The difference between the submitted fee and the approved fee that can be charged to the patient by a nonparticipating dentist. Delta Dental participating dentists do not balance bill. |
| <b>Pre-treatment Estimate</b>                | A written estimate of benefits that may be available under your plan for your proposed dental treatment.   |
| <b>Submitted Amount or Submitted Fee</b>     | The fee a dentist bills to Delta Dental for a specific treatment.  |

*This booklet only includes a sample summary of definitions. Please refer to your Certificate for full details.*

## Benefits of Having Delta Dental Coverage

Need an example of the benefits of having dental benefits? Mr. Smith has a spouse and two children. Everyone in the family gets two cleanings, two oral exams, X-rays, and typically requires a few other services in a year.

|                       | Without dental benefits coverage | With Delta Dental coverage<br><i>(services from a Delta Dental PPO dentist)</i> | Mr. Smith's plan covers <sup>1</sup> |
|-----------------------|----------------------------------|---|--------------------------------------|
| Exam and cleaning (8) | \$900                            | \$0   | 100%                                 |
| Bitewing X-rays (4)   | \$220                            | \$0   | 100%                                 |
| Fillings (2)          | \$300                            | \$39.20   | 80%                                  |
| Crown                 | \$890                            | \$351.50  | 50%                                  |
| Out-of-pocket costs   | \$2,310                          | \$390.70  | –                                    |
| <b>TOTAL SAVINGS</b>  | <b>\$0</b>                       | <b>\$1,919.30</b>   | –                                    |

\* Estimations only. Savings will vary on plan design, provider participation, and office location.

<sup>1</sup> Percentages applied to Delta Dental PPO Fee Schedule.

You may even see savings on procedures not covered under your dental plan if you visit a Delta Dental participating dentist. Most non-covered services are still subject to approved fees contracted between the dentist and Delta Dental, so the savings are passed on to you, the patient.

Dental coverage is about more than just about saving money. Oral health is an essential part of overall health. Delta Dental uses scientific evidence to enhance plan designs in ways that improve health and save money.

If you have one of the conditions listed here, ask your dentist how you can better manage your oral health to prevent infection and improve your condition. In some cases, Delta Dental covers additional cleanings for individuals that have one of these conditions:

- Diabetes and periodontal (gum) disease
- Pregnancy and periodontal (gum) disease
- Certain heart conditions that put you at high or moderate risk for infective endocarditis
- Kidney failure or are undergoing dialysis
- Suppressed immune system due to chemotherapy and/or radiation treatment, HIV-positive status, organ transplant, and/or stem cell (bone marrow) transplant.

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## Payment Examples

Once you start using your dental benefits, you will receive an Explanation of Benefits (EOB) statement showing the amount the plan paid and the amount you owe the provider, if any. Below are two examples of how the plan works and how receiving services from a Delta Dental PPO or Delta Dental Premier dentist can help you save money.

It is important that you review your benefit summary to see what your plan's benefit levels are as these are only examples and actual payments will vary.

### Preventive & Diagnostic (Cleaning)

|   |              |
|---|--------------|
| Submitted Amount*                           | <b>\$100</b> |
| Delta Dental PPO Dentist Fee Schedule**     | <b>\$70</b>  |
| Delta Dental Premier Maximum Approved Fee** | <b>\$90</b>  |
| Nonparticipating Dentist Fee                | <b>\$87</b>  |

| <i><b>What happens if you go to a:</b></i> | <b><u>Delta Dental PPO dentist</u></b> | <b><u>Delta Dental Premier dentist</u></b> | <b><u>Nonparticipating dentist</u></b> |
|--|--|--|--|
| Benefit level                              | <b>100%</b>                            | <b>100%</b>                                | <b>100%</b>                            |
| Plan pays                                  | <b>\$70</b>                            | <b>\$90</b>                                | <b>\$87</b>                            |
| Member pays                                | <b>\$0</b>                             | <b>\$0</b>                                 | <b>\$13</b>                            |

### Basic Service (Root Canal)

|   |              |
|---|--------------|
| Submitted Amount*                           | <b>\$650</b> |
| Delta Dental PPO Dentist Fee Schedule**     | <b>\$450</b> |
| Delta Dental Premier Maximum Approved Fee** | <b>\$600</b> |
| Nonparticipating Dentist Fee                | <b>\$500</b> |

| <i><b>What happens if you go to a:</b></i> | <b><u>Delta Dental PPO dentist</u></b> | <b><u>Delta Dental Premier dentist</u></b> | <b><u>Nonparticipating dentist</u></b> |
|--|--|--|--|
| Benefit level                              | <b>80%</b>                             | <b>50%</b>                                 | <b>50%</b>                             |
| Plan pays                                  | <b>\$360</b>                           | <b>\$300</b>                               | <b>\$250</b>                           |
| Member pays                                | <b>\$90</b>                            | <b>\$300</b>                               | <b>\$400</b>                           |

\* Amount a dentist charges for the procedure.

\*\* Amount a Delta Dental participating dentist accepts as payment in full.



# Consumer Toolkit®—Access Your Benefits Information 24/7

Stay current on your dental benefits with Delta Dental’s easy-to-use Consumer Toolkit. This secure online tool is designed to give you 24/7 access to important information regarding your dental benefits, including:


- Eligibility information
- Current benefits information (such as how much of your yearly benefit has been used to date, how much is still available to use, levels of coverage for specific dental services, etc.)
- Specific claims information, including what has been approved and when it was paid

The site also allows you to elect to receive your Explanation of Benefits (EOB) statements electronically, print claim forms and identification cards, and browse oral health information.

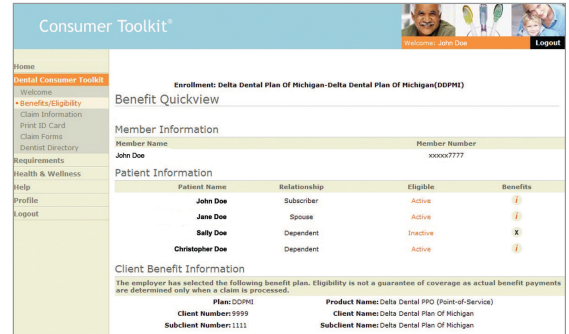
All users must first register to gain access to the Consumer Toolkit. Privacy of your online benefit information is assured through highly secure encryption technology.

To start taking advantage of this innovative tool, follow these simple steps:

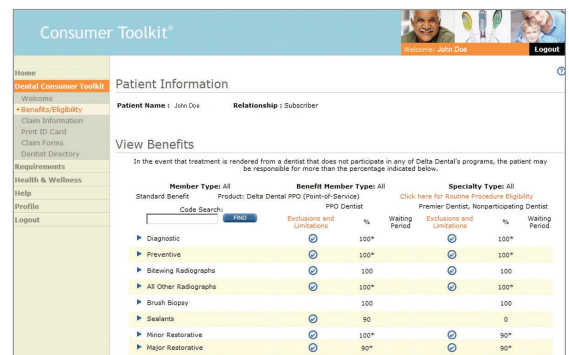
1. Visit [www.deltadentalmi.com/consumertoolkit](http://www.deltadentalmi.com/consumertoolkit).
2. a) If you have already registered, click the “Log In Now” button.  
b) If you are new to the Consumer Toolkit, click the “New User” button to register.
  - NOTE: You will need the subscriber’s (the person whose name is on the benefit package) member ID. The member ID is an assigned number unique to the subscriber. In most cases, the member ID is the same as the subscriber’s Social Security number.
3. Complete required fields and follow the on-screen instructions.
4. Select your own username and password to access the site.

Help topics can be found by selecting “Help” or clicking the  at any time within the Toolkit. If you need further assistance, contact Toolkit support at (866) 356-0301.

## Eligibility



## Up-to-date benefit information



| Member Type: All      | Product: Delta Dental PPO (Point-of-Service) | Benefit Member Type: All   | PPO Dentist | Specialty Type: All                       |                            |   |                |
|-----------------------|--|----------------------------|-------------|---|----------------------------|---|----------------|
| Standard Benefit      |  |                            |             | Premier Dentist, Nonparticipating Dentist |                            |   |                |
| Code Search:          | FINU   | Exclusions and Limitations | %           | Waiting Period                            | Exclusions and Limitations | % | Waiting Period |
| Diagnostic            |  | 100*                       | 100*        | 100*                                      |                            |   |                |
| Preventive            |  | 100*                       | 100*        | 100*                                      |                            |   |                |
| Bitewing Radiographs  |  | 100                        | 100         | 100                                       |                            |   |                |
| All Other Radiographs |  | 100*                       | 100*        | 100*                                      |                            |   |                |
| Brush Biopsy          |  | 100                        | 100         | 100                                       |                            |   |                |
| Sealants              |  | 90                         | 90          | 0   |                            |   |                |
| Minor Restorative     |  | 100*                       | 100*        | 90*                                       |                            |   |                |
| Major Restorative     |  | 90*                        | 90*         | 90*                                       |                            |   |                |

# Frequently Asked Questions About Delta Dental Coverage

**What is required for enrollment in Delta Dental?**

Your benefits administrator will provide you with information about how to enroll.

**What are my benefits?**

You can find this information in your Summary of Dental Plan Benefits and your Certificate or by logging in to Consumer Toolkit.

**Do I need to tell my dentist my coverage has changed?**

Yes. At your first dental visit after coverage becomes effective, you should tell your dentist that you have Delta Dental of Michigan coverage. A standard reference card will be provided to you with this information included.

**Do I need an ID card to receive care?**

No. It is not necessary to present a personalized ID card to receive treatment. Your dental office will use your Social Security number (or alternate ID) to verify eligibility and benefits and to submit claims. If you prefer a personalized ID card, you may print one using our online Consumer Toolkit.

**How can I find out if my dentist participates with Delta Dental or find a participating dentist?**

To find a participating dentist, use the link on our homepage at [www.deltadentalmi.com](http://www.deltadentalmi.com) or log in to Consumer Toolkit. You can also call your dentist's office and ask if he or she participates with Delta Dental PPO or Delta Dental Premier.

**Do I have to go to a participating dentist?**

No. You may visit any licensed dentist; however, you may pay more money out of pocket at a nonparticipating provider. You'll be responsible for paying the nonparticipating dentist whatever he or she charges at the time of service. You will receive a payment from Delta Dental based on the dentist's submitted fee or Delta Dental's nonparticipating dentist fee, whichever is less. You also may have to submit your own claims if you choose a nonparticipating dentist.

**How can I contact Delta Dental's Customer Service?**

Customer Service can be reached at (800) 524-0149. Our automated inquiry system is available 24/7 and can answer most questions quickly. Representatives are available to assist with more complicated questions Monday through Friday from 8:30 a.m. to 8 p.m. Eastern Time. To submit a written inquiry, please send to: Delta Dental, PO Box 9089, Farmington Hills, MI 48333-9089. Please include your name, group name and number and the subscriber's member ID number when writing.



### How do I submit a claim?

Delta Dental participating dentists will fill out and file claim forms for you. If you choose to visit a nonparticipating dentist, you may be required to file your own claim forms. Forms can be downloaded at [www.deltadentalmi.com](http://www.deltadentalmi.com). Send completed forms to: Delta Dental, PO Box 9085, Farmington Hills, MI 48333-9085.

### Where should claims be sent for services rendered prior to my Delta Dental effective date?

Claims for dental services rendered prior to the plan's effective date must be submitted to your previous dental administrator to receive reimbursement.

### What if I'm in the middle of treatment when my new coverage becomes active?

Delta Dental will cover services completed on or after your effective date.

### If my plan includes orthodontia coverage, how will orthodontic claims be processed?

Dentists are required to submit an orthodontic treatment plan. A percentage of the total fee will be paid when orthodontic treatment begins. Payments will be based on the type of treatment or until the lifetime orthodontic maximum is reached.

If orthodontic treatment is in progress, Delta Dental will calculate payments based on the dentist's original claim form. The remaining liability for the claim will be recalculated based on the months left in the treatment plan. Payments will be made for the remaining payment months or until the lifetime orthodontic maximum is reached.

**Please remember to enroll as directed by your benefits administrator in a timely fashion.**

**Visit [www.deltadentalmi.com](http://www.deltadentalmi.com) to learn more about Delta Dental.**



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